Building Program Capacity

Enhancing Early Childhood Programs and Supporting Success

Technical Assistance Brief

Data Collection Toolkit for Cabinet-funded Grantees

Collecting data is the first step to measuring program outcomes. The Kansas Children's Cabinet requires Cabinet-funded grantees, including ECBG and CBCAP, to collect its data in a coordinated way. Each organization's plan for collecting data, however, will look different. The pieces of this toolkit include data collection templates, reference documents, and external resources that explain data collection principles in general. The resources range from in-depth discussions of assessment and evaluation planning to graphic organizers to assist in coordinating your data collection plan. Text blurbs and brief descriptions provide overviews for the contents of each of the resources, and live links are also provided.

Table of Contents

Data Collection Toolkit

This resource provides helpful tips to Cabinet-funded Grantees about designing a data collection plan. This is intended to assist Cabinet-funded grantees in planning for data collection and reporting activities based on desired program outcomes during the Field Test Phase and ongoing. Having a Data Collection Plan in place will assist your organization in reporting to the Kansas Children's Cabinet.

What is a Data Collection Plan?

Each Cabinet-funded grantee is required by the Kansas Children's Cabinet to collect data about the children, families or participants served using Common Measures and to report this data to the Cabinet. A Data Collection Plan is a tool to help grantees accomplish this objective.

A data collection plan is important because it aligns your organization's data-gathering practices with Cabinet due dates, emphasizes child outcomes, improves your organization's capacity, and streamlines your organization's service delivery.

Data collection emphasizes a strengths-based approach; that is, collecting data improves service delivery and child outcomes by identifying organizational strengths, building on those strengths, and identifying areas for improvement.

For some organizations, a collection plan may already be in place and may only need to be updated based on Cabinet due dates and assigned Common Measures. For others, a data collection plan will need to be developed from scratch.

Data Collection Timeline

From previous briefs, you will recognize the chart below as the Cabinet timeline for collecting data. It is presented here for reference as you read through this toolkit and develop your data collection plan.

Aug 15, 2014: **Implement Cabinet-Approved Common Measures.** As the system opens for Field Test data entry, organizations should identify the Common Measures they should use for data collection.

Aug 15, 2014: **DAISEY Open – Enter Data.** System open for Field Test data entry; users can access DAISEY year round to enter data.

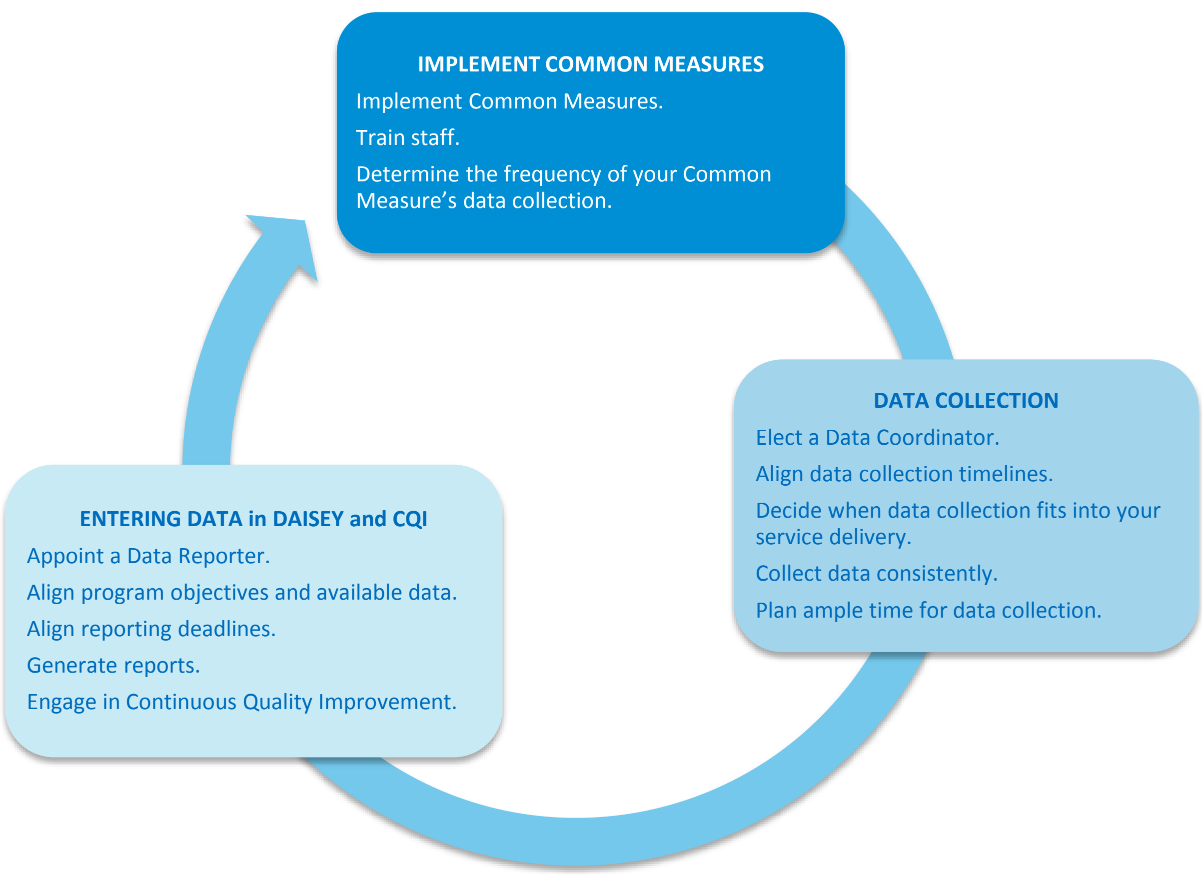
Oct 30, 2014: **Data Due in DAISEY – Pre-test.** All available Common Measure data collected between June 1 – Sept 30 is due in DAISEY. Grantees may enter pre-test Common Measures at any time between Aug 15 and Oct 30, 2014, but data must be entered by Oct 30 for Cabinet evaluation purposes.

March 1 – April 30, 2015: **Field Test Data Collection – Post-test.** Complete the final administration of any interim and post-test Common Measures scheduled. Grantees may collect and enter interim or post-test Common Measures *at any time a program, class, or service ends*, but all follow-up post-tests must be completed by April 30.

May 15, 2015: **Data Due in DAISEY – Post-test.** All available Common Measure data that has been collected must be entered by May 15 for 2015 Cabinet evaluation purposes.

Data Collection Plan Cycle

The following steps are recommended for developing your data collection plan. It is helpful to think of data collection as a cycle, in which you develop your data collection plan, execute it, identify areas for Continuous Quality Improvement (CQI), and begin again.



Implement Common Measures

Implement Common Measures. During the Pilot Phase, the Cabinet through WSU identified the Common Measures that correspond to your organization's services and trained you on how to use them. To review collection timeframes and administration for your program type, please refer to the Common Measures Administration TA Brief. You now have an idea of what outcomes they measure and how often they should be administered. The number of Common Measures used will vary by organization. Contact WSU if you are unclear about your Common Measures or need training to administer them.

To see Common Measures' costs, evaluation standards, and web links, refer to Appendix A: Comprehensive Guide to the Common Measures.

Train Staff. Assess the requirements of any additional Common Measure(s) your organization will use—will your staff require training? What time commitment can you estimate given the size of your service population and your collection timeline? Training your staff to administer Common Measures improves the quality of the data that is collected and ensures a more accurate reading of your organization's service delivery. Training requirements vary from Common Measure to Common Measure, and some are much more rigid than others.

For detailed information on specific Common Measures, refer to Appendix A: Comprehensive Guide to the Common Measures.

Determine the Frequency of Your Common Measure's Data Collection. For most Common Measures, it's important to collect baseline and post-test data at a minimum for your evaluation. This allows you to chart changes over time for your evaluation. Many of the Common Measures require at least two data collection points and some require more than two collection points. The number of times your organization collects data is determined by your assigned Common Measure(s). To review collection timeframes and administration for your program type refer to the Common Measures Administration TA Brief. Collecting data as often as is required by your Common Measure improves the accuracy of the data you collect and paints a clearer picture of the outcomes you are assessing.

Refer to Appendix C: Resource #5: Data Collection Methods for more information about time commitments and data quality considerations for different types of collection methods.

You may elect to collect data more often than your Common Measure requires to gain a deeper understanding of your service delivery, but it is not a requirement.

Data Collection

Elect a Data Coordinator. Elect one or more persons to enter data and coordinate Cabinet due dates, school calendars, and other data collection logistics with your staff. A data coordinator is important because s/he ensures that your organization's data collection timeline aligns with Cabinet due dates. Her/his responsibilities may include but are not limited to: scheduling screening administrations, collecting completed Common Measures from staff, check completed Common Measures for missing data, and entering completed Common Measures into DAISEY. A Data Coordinator can be extremely important because s/he assures that the data collected by your organization is complete, accurate, and properly entered, making your overall evaluation easier to conduct and its results more meaningful.

Refer to Appendix C: Resource #3: WHEN AND BY WHOM SHOULD DATA BE COLLECTED AND ANALYZED? for more information on selecting a Data Coordinator.

Align Data Collection Timelines. Get organized! Putting all the details together will give you a clear idea of what your organization can expect during data collection. The Data Coordinator(s) is an ideal candidate to oversee these responsibilities. To get organized, you may find that a data collection planning template is a helpful tool in aligning program goals, Common Measures data collection requirements, and organizational/Cabinet deadlines.

Use the Excel spreadsheet: Data Collection Planning Template to align collection timeframes and program goals.

Decide When Data Collection Fits into Your Service Delivery. Although data collection will streamline your service delivery, staff time devoted to collecting data is an important consideration so that it doesn't overburden your organization. Choose a data collection method that suits your organization's resources—for example, you may give screenings to your clients along with enrollment paperwork; or, if you have iPads, home visitors may be able to collect data in the field. Thinking through some of these issues can help improve the quality of the data your organization collects and save time for your data collectors.

See Appendix C: Resource #1 (p. 52) and Appendix C: Resource #4 (p. 12-3) for a list of considerations to keep in mind as you decide your organization's collection procedures.

Collect Data Consistently. Getting meaningful information from your data means collecting data consistently. For example, if an organization collects data one way for half its service population and a different way for the other half, the evaluation will not produce meaningful comparisons between the groups. Thus, you may find that creating a data collection checklist will be useful for making sure that data is collected at the appropriate times and at the appropriate frequencies.

See Appendix B: Common Measure Required Elements for list of required data elements that must be collected each time you administer a Common Measure.

Plan Ample Time for Data Collection. Be realistic about how much data you can collect—a large service population will require many data collectors and a significant time commitment. Factor in extra time for unforeseen problems, changes in school schedules and program delivery schedules, and follow-up activities.

Remember that pre-test data is due in DAISEY by October 30 and post-test data is due May 15.

Entering Data in DAISEY and Continuous Quality Improvement (CQI)

Appoint A Data Reporter. Elect one or more persons to enter data into DAISEY and generate reports. This may be the same person that tracks due dates. S/he will be responsible for assuring that all data is in DAISEY and ensuring that data reports are available for your organization to use to help improve services and outcomes for the families you serve.

Align Program Objectives and Available Data. You will want to understand how the data you collect helps you assess the outcomes you wish to achieve. For example, if your organization is measuring Healthy Development (or another Cabinet Blueprint category), the Ages and Stages Questionnaire (ASQ-3 or ASQ-SE) may be helpful for understanding your service outcomes. If you choose to generate reports for internal uses, they should include the appropriate types of data, which include but is not limited to the demographics of your service population and Common Measure results. Using this data and any

Refer to Appendix C: Resource #2 (p. 2-5) defines and discusses the differences between process and outcome evaluation.

See Appendix C: Resource #1 (p. 43-47) for an explanation of matching available data to desired outcomes.

additional data in your internal report will depend on your organization's evaluation procedure, whether it be *process evaluation* (collecting data systematically that describes a program and how it functions) or *outcome evaluation* (charting changes that occurred between the beginning and end of the collection period). Aligning your evaluation to your desired outcomes will help you make informed decisions about service delivery.

Align Reporting Deadlines. Make deadlines for entering data into DAISEY part of your data collection timeline. Your Data Reporter will be responsible for ensuring that all data is collected and entered into DAISEY prior to Cabinet deadlines. Keep in mind that the timing of your organization's data collection may need to be modified to meet data entry deadlines.

Use the Excel spreadsheet: Data Collection Planning Template to coordinate your Common Measures, aligned collection timeframes, and program goals.

Generate Internal Reports. Consider the kinds of reports helpful for improving services. Think about your stakeholders and build those considerations into your timeline. You are required to enter Common Measure information into DAISEY but your organization may also generate periodic progress reports for your own Continuous Quality Improvement uses, such as improving programming and services, identifying new populations served, or charting individuals' progress.

See Appendix c: Resource #1 (p. 47) and Resource #2 (p. 6-7) for more information on different types of evaluation.

See Appendix C: Resource #3: WHEN AND BY WHOM SHOULD DATA BE COLLECTED AND ANALYZED? for more information on how types of evaluation look in data collection plans and HOW DO YOU COLLECT AND ANALYZE DATA? for how you can analyze the data you collect for internal reporting.

Engage in Continuous Improvement. Finally, you can use reports for organizational feedback. For example, a report may show that you are serving more families that speak a language other than English. With this information, you can modify your service delivery to improve outcomes for those families and children. Reports can improve data collection practices as well as service delivery. For instance, you might find that adding another validated instrument to your data collection plan would provide a more complete picture of your programs and services. You would then make the necessary changes and begin the data collection cycle again. Your organization won't be collecting data simply for the sake of collecting data--you'll collect data to see what's working and what may need improvement, so that you can make necessary modifications and ultimately improve the services delivered to families and children.

See Appendix C: Resource #3: HOW DO YOU COLLECT AND ANALYZE DATA? and Appendix D: Resource #4 (p. 15-16) for an overview of interpreting the data you collect and how those interpretations may inform your CQI processes.

Data Collection Planning Template

We have provided an Excel spreadsheet template to use as you align your organization's data collection calendar to program-designated Common Measures, deadlines, reporting requirements, and evaluation goals. Download the template here: http://kschildrenscabinet.org/.

Note that Row 1 explains what information belongs under each column and Row 2 gives pointers on where you may locate reference information if you are unsure what information belongs in each column.

		Program	Population Assessed	Indicator	Outcome Type	Measure/Tool	Subscale/Domain	Target Improvement	Data source	Timing of Data Collection	Comparison
What information fits in each column?	What information fits here?	The name of the program	The population in focus for the program	The program component to be evaluated	Whether the desired evaluation result is process (i.e., ongoing data collection) or outcome (i.e., collected to chart change over a given period of time)	The meaure that your organization will use to collect data on the indicator	If applicable, the section of the indicator used in the evaluation	The desired outcome or percentage improvement of the evaluation	Where the data used to evaluate will come from	The times when data is expected to be collected. These times are specific to your program and the measure(s) you use	The data comparison that will determine whether the evaluation was successful or not
Where to find information to fill in each column	If you have questions, you may be able to find information to fill in each column from...	Grantee/Umbrella Agency	Grantee/Umbrella Agency or Numbers Tables created by WSU	Grantee/Umbrella Agency		Common Measure Administration TA Brief	Appendix A: Comprehensive Guide to the Common Measures			Common Measure Administration TA Brief (you may cross-reference with Appendix A: Comprehensive Guide to the Common Measures)	
Examples	Example	Strong Families	Caregivers	2.2 SSNRs: percentage of family or primary caregivers who indicate a positive level of family functioning, concrete support, social support, and nurturing and attachment	Outcome	Protective Factors Survey	Protective Factors Survey: Family Functioning/Resiliency, Concrete Support, Social Support, and Nurturing and Attachment Areas	Increase	Screening Tool	Within two weeks of enrollment and discharge	Relative change between baseline and follow up
	Example	Early Learning	Children 3-5 years old	3.1 Early Literacy: percentage of children (3 to 5) who demonstrate ongoing competence in pre-reading skills as appropriate for their development	Process and Outcome	myIGDI	myIGDI Picture Naming, Alliteration, and Rhyming subscales	Increase	Screening Tool	Three times annually; within two months of enrollment (Fall Set); between Nov. 15, 2014 & Feb. 14, 2014 (Winter Set); and between Feb. 15 & May 14, 2015 (Spring Set)	Relative change between Fall Set and Winter and/or Spring Sets; and relative change between Winter Set and Spring Set

Contacts

For questions regarding ECBG programming and requirements, please contact Janice Smith Janice.Smith@dcf.ks.gov
For questions regarding CBCAP programming and requirements, please contact Mary Hess maryhess@ku.edu

For questions regarding DAISEY, please contact DAISEYadmin@ku.edu.
For questions regarding CBCAP, please contact Mary Hess maryhess@ku.edu

For questions regarding ECBG evaluation, please contact Lynn Schrepferman Lynn.Schrepferman@wichita.edu

Appendix A
Comprehensive Guide to the Common Measures

Once you know the Common Measures your organization will need to administer, you may have questions about the screenings. The information below is a comprehensive guide to each of the Common Measures and will be useful as you plan when to administer Common Measures, offer staff training and identify the population for whom you will collect data.

Blueprint for Early Childhood
Utilizing the Common Measures Provided by the Blueprint

Background

The Blueprint for Early Childhood (Blueprint) was designed for and adopted by The Kansas Children's Cabinet and Trust Fund (Cabinet), in 2014, as their vision for enhancing systems of services and supports for young children and families. The Blueprint provides a framework for guiding investment strategies in early childhood programs by setting common goals and strategies for reaching those goals. The Blueprint provides a list of Common Measures for Cabinet-funded programs used to achieve those goals.

Purpose

The purpose of this document is to provide an overview of the common measures listed in the Blueprint and answer questions regarding their application. Specifically this document will provide a brief description of the tool and outline what each tool measures. This document will also identify the limitations of these common measurements, like the cost of implementation and the training required to carry out the measurements. A comprehensive description of the common measure is presented under the three common goals categories. An alphabetically arranged summary table is also provided.

A Comprehensive Guide to the Common Measures

Healthy Development	Strong Families	Early Learning
Ages and Stages Questionnaire 3rd Edition (ASQ-3) *The Tool: A parent completed, child monitoring system for the evaluation of developmental progress. Consists of 21 age specific questionnaires.* *What it Measures: communication, gross motor, fine motor, self-regulation, problem solving and personal-social development.* *Who uses this tool: Public preschools; Head Start and Early Head Start programs; Child Care programs; Parents; Parents as Teachers; Pediatricians; Nurse-Family partnerships. Parents/caregivers complete the questionnaire and professionals, paraprofessionals or clerical staff score them.* *Ages: 1-66 months* *Evaluation Time: Individual evaluations can be completed and scored in a matter of minutes. Up to 21 evaluations possible.* *Evaluation Standards: Three tiered scoring system: child is on track; provide learning opportunities and conduct further screening; referral/further assessment needed. Other standards (frequency of screenings, etc.) determined by program or parent. No training is required to be an evaluator.* *Cost: $49.95 to $275 for training materials. Programs can arrange for on-site training seminars at an additional cost.* *Limitations: Requires programs to design their own evaluation standards. Can be used as a one-time screening tool, but frequent screening is recommended for accurate evaluation of a child. Scoring is based on parent observations. No training is required to be an evaluator.* *Source:* http://agesandstages.com/	**HOME Inventory – Infant/Toddler** *The Tool: The Home Observation for Measurement of the Environment (HOME) Inventory is designed to measure the quantity of stimulation and support available to a child in the home environment. The focus is on the child in the environment, child as a recipient of inputs from objects, events, and transactions occurring in connection with the family surroundings.* *What it Measures: The evaluator observes the child's experiences and interviews the parent/caregiver in the home environment under the following categories: Parental Responsivity, Acceptance of Child, Organization of the Environment, Learning Materials, Parental Involvement, and Variety in Experience. A "yes/no" format is used to score observations.* *Who uses this tool: Researchers; home visitors* *Ages: Birth – 3 years* *Evaluation Time: Information needed to score the Inventory is obtained during a 45 to 90 minute home visit done during a time when the target child and the child's primary caregiver are present.* *Cost: $12 - $50 for manual and supplies* *Limitations:* *Source: http://fhdri.clas.asu.edu/home/index.html*	**Devereux Early Childhood Assessment (DECA) I, (DECA) T, (DECA) P2** *The Tool: The Devereux Early Childhood Assessment for Infants (DECA-I), toddlers (DECA-T) and preschool children (DECA-P2) is a behavior rating scale completed by parents and/or caregivers. The DECA provides an assessment of within-child protective factors central to social and emotional health and resilience. It also serves as a screener for behavioral problems in children ages 3-5 years.* *What it Measures: Identifies key social and emotional strengths and areas of growth. Results from the DECA-I/T/P2 lead to strength-based planning at the Child, Group, and Program levels. The DECA-I/T/P2 is part of a comprehensive system of assessment and planning. Strategies are offered for families as well as early childhood professionals, and other staff who work with young children.* *Who uses this tool: Assessments are completed by parents, teachers and families.* *Ages: 4 weeks – 5 years* *Evaluation Time: Evaluations can be completed in 10-20 minutes.* *Evaluation Standards: Evaluator must have observed the child for at least four weeks prior to completing the evaluation. No training is required to be an evaluator.* *Cost: $249.95 for annual, online licensing fee (includes DECA-I/T and DECA P2); Online use is not required; kits are available for $200-$210 for materials including reproducible masters.* *Limitations: $249.99 annual licensing fee may be a limitation to programs. No training is required to be an evaluator.*

ASQ: Social – Emotional

The Tool: A parent completed, child monitoring system for the evaluation of developmental progress. Eight age-specific questionnaires are available.

What it Measures: Social-Emotional development in the form of: communication; self-regulation; compliance; autonomy; affect; adaptive behaviors; interactions.

Who uses this tool: Public preschools; Head Start and Early Head Start programs; Child Care programs; Parents; Parents as Teachers; Pediatricians; Nurse-Family partnerships. Parents/caregivers complete the questionnaire and professionals, paraprofessionals or clerical staff score them.

Ages: 3-66 months

Evaluation Time: Individual evaluations can be completed and scored in a matter of minutes. Up to eight evaluations possible.

Evaluation Standards: Overall score is below "cut off" score (based on age range) referral to mental health facilitator is recommended. Other standards (frequency of screenings, etc.) determined by program or parent. No training is required to be an evaluator.

Cost: $49.95 to $275 for training materials. Programs can arrange for on-site training seminars at an additional cost.

Limitations: Requires programs to design their own evaluation standards. Scoring is based on parent observations. No training is required to be an evaluator.

Source: http://agesandstages.com/

HOME Inventory – Early Childhood

The Tool: The Home Observation for Measurement of the Environment (HOME) Inventory is designed to measure the quantity of stimulation and support available to a child in the home environment. The focus is on the child in the environment, child as a recipient of inputs from objects, events, and transactions occurring in connection with the family surroundings.

What it Measures: The evaluator observes the child's experiences and interviews the parent/caregiver in the home environment under the following categories: Learning Materials, Language Stimulation, Physical Environment, Parental Responsivity, Academic Stimulation, Modeling of Social Maturity, Variety in Experience, and Acceptance of Child.

Who uses this tool: Researchers; home visitors

Ages: 3 – 6 years

Evaluation Time: Information needed to score the Inventory is obtained during a 45 to 90 minute home visit done during a time when the target child and the child's primary caregiver are present.

Cost: $12 - $50 for manual and supplies

Limitations:

Source: http://fhdri.clas.asu.edu/home/index.html

Classroom Assessment Scoring System (CLASS) Toddler

The Tool: The CLASS can be used to assess classroom quality for research and program evaluation and also provides a tool to help new and experienced teachers become more effective.

What it Measures: Patterns of interactions with teachers, other children, and learning activities, based on systematic observations in the classroom. The tool measures eight dimensions: positive climate, negative climate, teacher sensitivity, regard for child perspectives, behavior guidance, facilitation of learning and development, quality feedback, and language modeling.

Who uses this tool: Teachers, programs, schools, and school districts

Ages: 15-36 months

Evaluation Time: Four cycles of 20-minute observations of teachers and students by a certified CLASS observer.Observations are then rated using a manual of behaviors and responses.

Evaluation Standards: Reliable use of the CLASS tool requires a two-day training for observers, successful completion of certification testing, and annual recertification.

Cost: $175 for training materials. $100 for annual recertification.

Limitations: Reliable use of the CLASS tool requires a two-day training for observers, successful completion of certification testing, and annual recertification.

Sources:
http://curry.virginia.edu/research/centers/castl/class

http://www.brookespublishing.com/resource-center/screening-and-assessment/class/class-toddler/

http://www.teachstone.org/training-programs/

Devereux Early Childhood Assessment (DECA) I, (DECA) T, (DECA) P2

The Tool: *The Devereux Early Childhood Assessment for Infants (DECA-I), toddlers (DECA-T) and preschooler children (DECA-P2) is a behavior rating scale that is completed by parents and/or caregivers which provides an assessment of within-child protective factors central to social and emotional health and resilience. It also serves as a screener for behavioral problems in children ages 3-5 years.*

What it Measures: *Identifies key social and emotional strengths and areas of growth. Results from the DECA-I/T/P2 lead to strength-based planning at the Child, Group, and Program levels. The DECA-I/T/P2 is part of a comprehensive system of assessment and planning. Strategies are offered for families as well as early childhood professionals, and other staff who work with young children.*

Who uses this tool: *Assessments are completed by parents, teachers and families.*

Ages: *4 weeks – 5 years*

Evaluation Time: *Evaluations can be completed in 10-20 minutes.*

Evaluation Standards: *Evaluator must have observed the child for at least four weeks prior to completing the evaluation.*

Cost: *$249.95 for annual, online licensing fee (includes DECA-I/T and DECA P2). Free webinars available for TA.*

Limitations: *$249.99 annual licensing fee may be a limitation to programs who want online access. Online use is not required. No training is required to be an evaluator.*

Source: *http://www.centerforresilientchildren.org/*

Keys to Interactive Parenting Scale (KIPS)

The Tool: *A parenting assessment tool that evaluates 12 key facets of parenting. Evaluations are used in partnership with families to promote parent-child relationships, promote learning and support confidence*

What it Measures: *Parent behaviors assessed: Sensitivity to responses; supports responses; physical interaction; involvement in activities; open to child's agenda; engagement; reasonable expectations; adapts strategies; limits and consequences; support directions; encouragement; promotes exploration and curiosity*

Who uses this tool: *Community Program providers, Childcare and service providers*

Ages: *2 months-5 years*

Evaluation Time: *15-20 minute observations with 10 minutes for scoring after the observation.*

Evaluation Standards: *KIPS assess a caregiver-child interactions in a familiar environment. Interactions may be videotaped and scored after the observation period. 12 items are rated on a 1 to 5 scale; behaviors are given a 1, 3 or 5 rating. Training and annual recertification required.*

Cost: *$30-185 for license and materials; additional cost for on-site training. $40 for annual recertification.*

Limitations: Training and annual recertification required.

Source: *http://comfortconsults.com/*

Classroom Assessment Scoring System (CLASS) Pre K

The Tool: *The CLASS can be used to assess classroom quality for research and program evaluation and also provides a tool to help new and experienced teachers become more effective.*

What it Measures: *Preschool children's patterns of interactions with teachers, other children, and learning activities, based on systematic observations in the classroom.*

Who uses this tool: *Teachers, programs, schools, and school districts.*

Ages: *PreK*

Evaluation Time: *Four cycles of 20-minute observations of teachers and students by a certified CLASS observer. Those observations are then rated using a manual of behaviors and responses.*

Evaluation Standards: *Reliable use of the CLASS tool requires a two-day training for observer, successful completion of certification testing, and annual recertification.*

Cost: $175 for training materials. $100 for annual recertification.

Limitations: *Reliable use of the CLASS tool requires a two-day training for observers, successful completion of certification testing, and annual recertification.*

Sources:
http://curry.virginia.edu/research/centers/castl/class

http://www.brookespublishing.com/resource-center/screening-and-assessment/class/class-pre-k/

http://www.teachstone.org/training-programs/

Individual Growth & Development Indicators (IGDIs)	Protective Factors Survey (PFS)	Individual Growth & Development Indicators (IGDIs)
The Tool: "Individual Growth and Development Indicators (IGDI's) are a set of progress monitoring measures designed and validated for frequent use to monitor children's growth and progress." *What it Measures: Communication: child's use of gestures, sounds, words, or sentences; and Problem Solving: solving problems that require reasoning about objects and concepts.* *Who uses this tool: Childcare providers, early childhood practitioners, interventionists, and researchers.* *Ages: 6-42 months* *Evaluation Time: Evaluations can be completed in 6-10 minutes per area.* *Evaluation Standards: Measures child development with child-friendly, standardized play-based assessments. Sensitive to short- and long-term growth over time and intervention effects. No specialized setting required for administration. Training and certification required for administration.* *Cost: $132-$175 for required toys for administration.* *Limitations: Training and certification is required.* *Sources: http://www.igdi.ku.edu/index.htm*	*The Tool: The PFS is a pre-post evaluation tool for use with caregivers receiving child maltreatment prevention services. It is a self-administered survey that measures protective factors in five areas.* *What it Measures: family functioning/resiliency, social support, concrete support, nurturing and attachment, and knowledge of parenting/child development* *Who uses this tool: It is designed for use with caregivers receiving child maltreatment prevention services (program participants) such as home visiting, parent education, and family support. It is a pre-post survey completed by the program participants, usually parents or caregivers. There are components of the survey that can be completed by service providers/programs, but they are optional.* *Evaluation Time: 10-15 minute survey taken before they have received services and again at the conclusion of services or after a prescribed time when program staff believe services should have achieved an effect.* *Evaluation Standards: The PFS is a pencil and paper survey that caregivers use to evaluate protective factors in five areas before and after receiving services.* *Cost: No cost associated with this measure* *Limitations: Potential for misuse as the PFS is not intended for individual assessment, placement, or diagnostic purposes. Agencies should rely on other instruments for clinical use.* *Source: http://friendsnrc.org/protective-factors-survey*	*The Tool: "Individual Growth and Development Indicators (IGDI's) are a set of progress monitoring measures designed and validated for frequent use to monitor children's growth and progress."* *What it Measures: Communication: child's use of gestures, sounds, words, or sentences; and Problem Solving: solving problems that require reasoning about objects and concepts.* *Who uses this tool: Childcare providers, early childhood practitioners, interventionists, and researchers.* *Ages: 6-42 months* *Evaluation Time: Evaluation can be completed in 6-10 minutes per area.* *Evaluation Standards: Measures child development with child-friendly, standardized play-based assessments. Sensitive to short- and long-term growth over time and intervention effects. No specialized setting required for administration. Training and certification required for administration.* *Cost: $132-$175 for required toys for administration.* *Limitations: Training and certification is required.* *Sources: http://www.igdi.ku.edu/index.htm*

myIndividual Growth & Development Indicators (myIGDIs)

The Tool: "Helps teachers and parents better monitor the development of their young children. The myIGDIs measurement indicators also enable early childhood educators to identify children at-risk of poor learning outcomes early and communicate development goals often."

What it Measures: Early literacy and early numeracy; identification of students requiring additional levels of intervention in the key early literacy domains of oral language, phonological awareness, alphabet knowledge, and comprehension. The numeracy component promotes early identification and intervention in the development of mathematical competency in the domains of oral counting, number naming, quantity comparison, and one-to-one correspondence.

Who uses this tool: Teachers and fellow researchers.

Ages: Literacy component intended for preschool children (4-5 years) about to enter kindergarten; numeracy component designed for children 3 years old and up.

Evaluation Time: Seasonal screenings (fall, winter and spring) that take 5-10 minutes per student.

Evaluation Standards: The myIGDIs Early Literacy+ Screening measures are intended for use with children in preschool. The measures include 4 sample items and 15 test items per set and are available across three seasonal periods: fall, winter and spring. The assessment process is highly standardized, meaning the assessment should be conducted in exactly the same way with every child. Therefore, the evaluator's role is scripted. Three tiered scoring system: Strong progress; moderate progress; at-risk progress.

Cost: One-time materials cost ranging from $270 - $480; annual license renewal fee of $3 - $4

Limitations: Standardization of administration procedures, which includes administering sample items and appropriate prompting - is critical for generating accurate results. Training is required. Cost of materials may be a limiting factor.

Sources: http://www.myigdis.com/why-myigdis/tech-info-resources/ ; http://www.myigdis.com/wp-content/uploads/2013/01/myIGDIs-Brochure_v2.pdf

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Ages: Literacy component intended for preschool children (4-5 years) about to enter kindergarten; numeracy component designed for children 3 years old and up.

Evaluation Time: Seasonal screenings (fall, winter and spring) that take 5-10 minutes per student.

Evaluation Standards: The myIGDIs Early Literacy+ Screening measures are intended for use with children in preschool. The measures include 4 sample items and 15 test items per set and are available across three seasonal periods: fall, winter and spring. The assessment process is highly standardized, meaning the assessment should be conducted in exactly the same way with every child. Therefore, the evaluator's role is scripted. Three tiered scoring system: Strong progress; moderate progress; at-risk progress.

Cost: One-time materials cost ranging from $270 - $480; annual license renewal fee of $3 - $4

Limitations: Standardization of administration procedures, which includes administering sample items and appropriate prompting - is critical for generating accurate results. Training is required. Cost of materials may be a limiting factor.

Sources: http://www.myigdis.com/why-myigdis/tech-info-resources/ ; http://www.myigdis.com/wp-content/uploads/2013/01/myIGDIs-Brochure_v2.pdf

A Comprehensive Guide to the Common Measures

Ages and Stages Questionnaire (ASQ) – 3

What it Measures: Developmental progress
Who uses this tool: Parents; childcare programs; medical professionals/evaluators
Ages: 1-66 months
Evaluation Time: Varies
Evaluation Standards: 21 age specific questionnaires; parent completes questionnaires which are then scored by parents or professionals
Cost: $49.95 to $275
Limitations: Cost; unclear evaluation standards

ASQ: Social – Emotional

What it Measures: Social-Emotional development
Who uses this tool: Parents; childcare programs; medical professionals/evaluators
Ages: 3-66 months
Evaluation Time: Varies
Evaluation Standards: Parents/caregivers complete the questionnaire and professionals score; training required for scorers.
Cost: $49.95 to $275
Limitations: Cost; training required

Classroom Assessment Scoring System (CLASS) PreK

What it Measures: Teacher-child interactions in the classroom
Who uses this tool: Early learning environments
Ages: PreK
Evaluation Time: Four cycles of 20 minute observations
Evaluation Standards: Two day training for observers and annual recertification required
Cost: $175 for training materials. $100 for annual recertification
Limitations: Training and annual recertification required

CLASS – Toddler

What it Measures: Child interactions in the classroom
Who uses this tool: School districts
Ages: 15-36 months
Evaluation Time: Four cycles of 20 minute observations
Evaluation Standards: Two day training for observers and annual recertification required.
Cost: $175 for training materials. $100 for annual recertification
Limitations: Training and annual recertification require

Devereux Early Childhood Assessment (DECA) I, (DECA) T, (DECA) P2

What it Measures: Social and emotional strengths and areas of growth
Who uses this tool: Parents, teachers and families
Ages: 4 weeks – 5 years
Evaluation Time: 10-20 minutes
Evaluation Standards: Evaluator must have observed the child for at least four weeks prior to completing the evaluation.
Cost: $249.95 for annual, online licensing fee
Limitations: Cost of licensing

HOME Inventory – Early Childhood

What it Measures: A child's experiences in the home environment
Who uses this tool: Researchers; home visitors
Ages: 3 – 6 years
Evaluation Time: 45 to 90 minutes
Evaluation Standards: No training is required
Cost: $12 - $50
Limitations:

HOME Inventory – Infant/Toddler

What it Measures: A child's experiences in the home environment
Who uses this tool: Researchers; home visitors
Ages: Birth – 3 years
Evaluation Time: 45 to 90 minutes
Evaluation Standards: No training is required
Cost: $12 - $50
Limitations:

myIndividual Growth & Development Indicators (myIGDIs)

What it Measures: Early literacy and early numeracy
Who uses this tool: Teachers and researchers
Ages: Children 3 years old and up, especially preschoolers about to enter Kindergarten
Evaluation Time: 10 to 15 minute screenings administered seasonally
Evaluation Standards: The assessment process is highly standardized
Cost: $270 - $480
Limitations: Cost and training

Keys to Interactive Parenting Scale (KIPS)

What it Measures: Parent behaviors
Who uses this tool: Community Program providers, Childcare and service providers
Ages: 2 months-5 years
Evaluation Time: 30 min.
Evaluation Standards: Training and annual recertification required.
Cost: $30-$185 for training and/or materials. $40 for annual recertification
Limitations: Cost; Training/annual recertification required

Protective Factors Survey (PFS)

What it Measures: Protective factors in five areas
Who uses this tool: Caregivers receiving child maltreatment prevention services
Ages: Varies
Evaluation Time: Pre and post treatment
Evaluation Standards: no training required; used for evaluation of services
Cost: No cost
Limitations: For those receiving services. Not clinical use.

Individual Growth & Development Indicators (IGDIs)

What it Measures: Communication and problem solving
Who uses this tool: Childcare providers; early childhood practitioners; interventionists; researchers.
Ages: 6-42 months
Evaluation Time: 6-10 minutes per area
Evaluation Standards: Training and certification required
Cost: $132 - $175
Limitations: Training and certification required

Appendix B

Common Measure Required Elements

Required Data Elements in DAISEY

Demographics

The Cabinet will require certain demographic information about the children and families served in your program. This helps the Cabinet understand and describe the population served by the funding it provides. These are the required elements that need to be collected about each child or adult. All the items have a "Not Collected/Unknown" option in the dropdown menu except DOBs*.

- Child Date of Birth*
- Is the Child's Primary Language English?
- Child Insurance Status
- Caregiver Date of Birth*
- Is the Caregiver's Primary Language English?
- Caregiver Education
- Caregiver Military Status

Service and Program Information

The Cabinet will require certain information about when children and families are enrolled and discharged into services or programs. This helps the Cabinet know when families are being served by funded programs and for how long they are served. Each child or adult will also need information about the types of programs or services they are receiving. This helps the Cabinet better understand the impact of those services on outcomes for children and families. All the items have a "Not Collected/Unknown" option in the dropdown menu except Enrollment Date*.

- Enrollment Date*
- Funding Source
- Does this Child Have an IEP or IFSP?
- Is this Child Participating in Part B Assistance for Education of All Children with Disabilities?
- Is this Child Participating in Part C Early Interventions Services?
- Does this Child Qualify for Free and Reduced Lunch?

Common Measure Information

The Cabinet will require certain information about each Common Measure and when it was administered. This helps the Cabinet better understand the impact of funded services on outcomes for children and families.

ASQ-3

- Child ID
- Date of activity
- ASQ-3 Screening Month
- Communication Score
- Gross Motor Score
- Fine Motor Score
- Problem Solving Score
- Personal-Social Score

ASQ: SE

- Child ID
- Date of activity
- ASQ: SE Screening Month
- ASQ: SE Total Score

DECA – I

- Child ID
- Child's age in months
- Date of activity
- Initiative Raw Score
- Initiative T-Score
- Attachment/Relationships Raw Score
- Attachment/Relationships T-Score
- Total Protective Factors Raw Score
- Total Protective Factors T-Score

DECA – T

- Child ID
- Child's age in months
- Date of activity
- Initiative Raw Score
- Initiative T-Score
- Attachment/Relationships Raw Score
- Attachment/Relationships T-Score
- Self-Regulation Raw Score
- Self-Regulation T-Score
- Total Protective Factors Raw Score
- Total Protective factors T-Score

DECA – P2

- Child ID
- Child's age in months
- Date of activity
- Initiative Raw Score
- Initiative T-Score
- Attachment/Relationships Raw Score
- Attachment/Relationships T-Score
- Self-Regulation Raw Score
- Self-Regulation T-Score
- Behavioral Concerns Raw Score
- Behavioral Concerns T-Score
- Total Protective Factors Raw Score
- Total Protective Factors T-Score

IGDI

- Child ID
- Child's age in months
- Date of activity
- Gestures RPM
- Vocalizations RPM
- Single Words RPM
- Multiple Words RPM
- Weighted Total Early Communication Indicator (ECI) Score
- Looks RPM
- Explores RPM
- Functions RPM
- Solutions RPM
- Weighted Total Early Problem Solving Indicator (EPSI) Score

myIGDI

- Child ID
- Child's age in months
- Date of activity
- Picture Naming Score
- Picture Naming Tier
- Rhyming Score
- Rhyming Tier
- Alliteration Score (*The Alliteration subscore is not part of the Fall Literacy+ so no score will be available for entry of Pre-test data*)
- Alliteration Tier
- Sound Identification Score
- Sound Identification Tier
- Which One Doesn't Belong Score
- Which One Doesn't Belong Tier
- Literacy+ Version
- Oral Counting Score
- Oral Counting Tier
- Quantity Comparison Score
- Quantity Comparison Tier

- Number Naming Score
- Number Naming Tier
- One to One Score
- One to One Tier
- Numeracy Version

HOME – I/T
- Child ID
- Child's age in months
- Date of activity
- Responsivity
- Acceptance
- Organization
- Learning Materials
- Involvement
- Variety
- Total Score

HOME – EC
- Child ID
- Child's age in months
- Date of activity
- Learning Materials
- Languages Stimulation
- Physical Environment
- Responsivity
- Academic Stimulation
- Modeling
- Variety
- Acceptance
- Total Score

KIPS
- Child ID
- Child's age in months
- Date of activity
- Sensitivity of Responses
- Supports Emotion
- Physical interaction
- Involvement in Child's Activities
- Open to Child's Agenda
- Language Experiences
- Reasonable Expectations
- Adopts Strategies to Child
- Limits & Consequences
- Supportive Directions
- Encouragement
- Promotes Exploration/Curiosity?
- KIPS Mean Score

CLASS – T

- Environment ID
- Date of activity
- First 4 cycles of dimensions:
    - Positive Climate
    - Negative Climate
    - Teacher Sensitivity
    - Regard for Child Perspectives
    - Behavior Guidance
    - Facilitation of Learning and Development
    - Quality of Feedback
    - Language Modeling
- Positive Climate Average
- Negative Climate Average
- Teacher Sensitivity Average
- Regard for Child Perspectives Average
- Behavior Guidance Average
- Facilitation of Learning and Development Average
- Quality of Feedback Average
- Language Modeling Average
- Emotional and Behavioral Support Domain Score
- Engaged Support for Learning Domain Score

CLASS – PreK

- Environment ID
- Date of activity
- First 4 cycles of dimensions:
    - Positive Climate
    - Negative Climate
    - Teacher Sensitivity
    - Regard for Student Perspectives
    - Behavior Management
    - Productivity
    - Instructional Learning Format
    - Concept Development
    - Quality of Feedback
    - Language Modeling
- Positive Climate Average
- Negative Climate Average
- Teacher Sensitivity Average
- Regard for Student Perspectives Average
- Behavior Management Average
- Productivity Average
- Instructional Learning Format Average
- Concept Development Average
- Quality of Feedback Average
- Language Modeling Average
- Emotional Support Domain Score
- Classroom Organization Domain Score

- Instructional Support Domain Score

Protective Factors Survey (PFS)

- Caregiver ID
- Date of activity
- Four subsections:
    - Part I
    - Part II (*note: Child Date of Birth and Child Age should be collected at this time*)
    - Part III
    - Part IV

Appendix D

Data Collection Resources & References:

Step-by-step information and in-depth background for creating a new data collection plan from the **Florida DOE**

This 24-page document reads like a book chapter and offers an in-depth perspective on data collection and evaluative procedures. The article follows a rough outline that may be useful for guiding the development of your organization's data collection plan.

The seven steps outlined by the article are:

Step 1: Determine what data must be collected in order to answer each evaluation question.

Step 2: Determine where to find the best source of data in order to anaswer each evaluation question.

Step 3: Determine how to collect data.

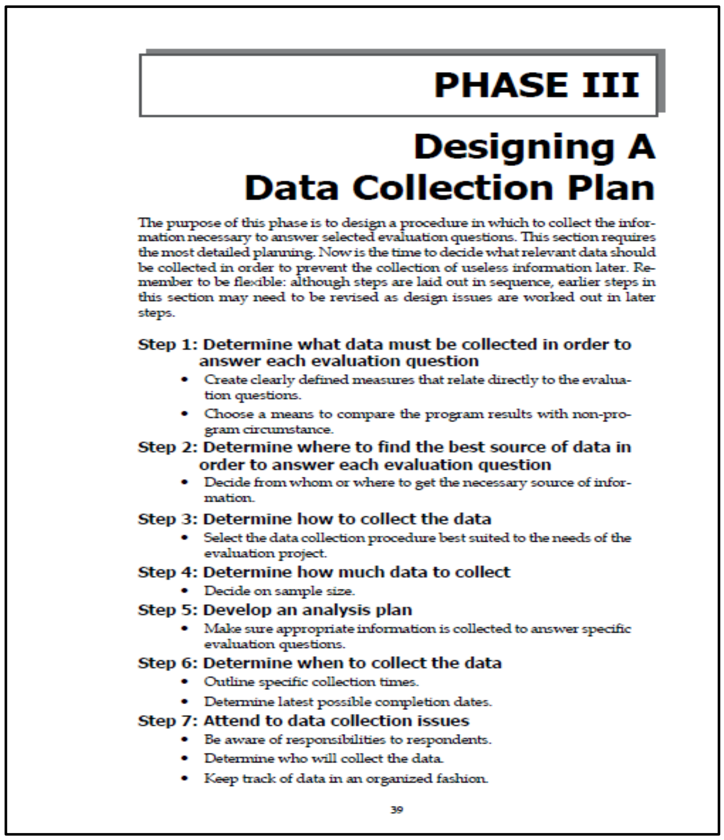
Step 4: Determine how much data to collect.

Step 5: Develop an analysis plan.

Step 6: Determine when to collect the data.

Step 7: Attend to data collection issues.

Each step is explained in detail. Sections suggest tasks for completing each step and provide graphic organizers to assist in the data collection plan design.



PHASE III

Designing A Data Collection Plan

The purpose of this phase is to design a procedure in which to collect the information necessary to answer selected evaluation questions. This section requires the most detailed planning. Now is the time to decide what relevant data should be collected in order to prevent the collection of useless information later. Remember to be flexible: although steps are laid out in sequence, earlier steps in this section may need to be revised as design issues are worked out in later steps.

Step 1: Determine what data must be collected in order to answer each evaluation question
- Create clearly defined measures that relate directly to the evaluation questions.
- Choose a means to compare the program results with non-program circumstance.

Step 2: Determine where to find the best source of data in order to answer each evaluation question
- Decide from whom or where to get the necessary source of information.

Step 3: Determine how to collect the data
- Select the data collection procedure best suited to the needs of the evaluation project.

Step 4: Determine how much data to collect
- Decide on sample size.

Step 5: Develop an analysis plan
- Make sure appropriate information is collected to answer specific evaluation questions.

Step 6: Determine when to collect the data
- Outline specific collection times.
- Determine latest possible completion dates.

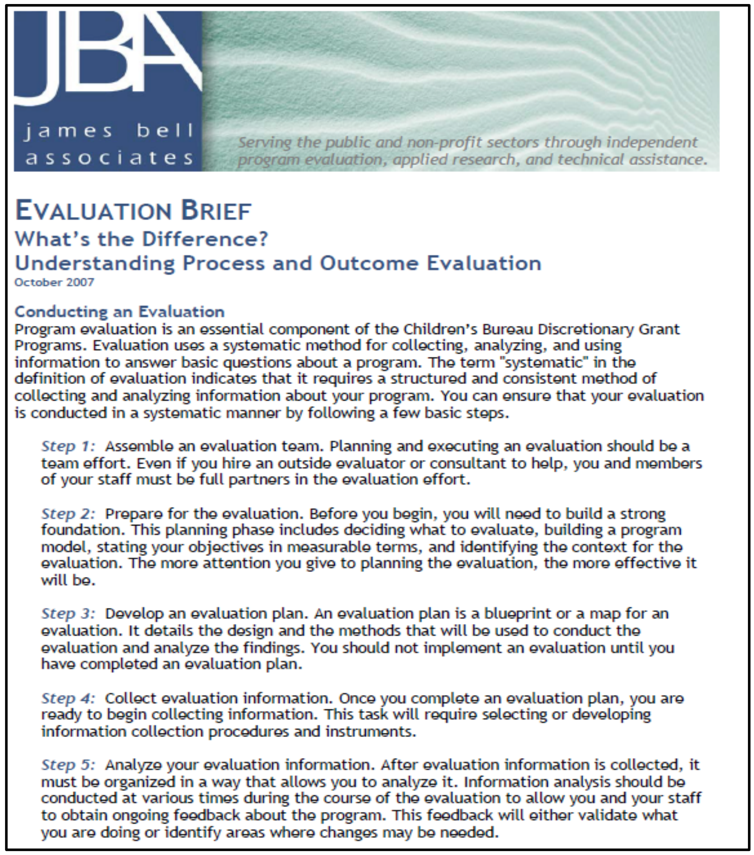
Step 7: Attend to data collection issues
- Be aware of responsibilities to respondents.
- Determine who will collect the data.
- Keep track of data in an organized fashion.

39

Florida Department of Education. (n.d.) *Phase III: Designing A Data Collection Plan*. Retrieved 21 July 2014, from: http://www.fldoe.org/safeschools/pdf/phaseIII.pdf

Detailed explanation of the logic behind different types of data collection and how they contribute to program evaluation from **James Bell Associates**

This 7-page article brief begins by offering an overarching step-wise perspective for conducting a program evaluation. The rest of the article is spent differentiating between process evaluation (i.e., evaluation that systematically collects data that describes a program and how it functions) and outcome evaluation (i.e., evaluation of program results). This concise yet informative piece frames the purposes of data collection quite well and will provide a useful reference for your organization as you integrate Common Measures into your collection plan, appoint duties to data collection specialists, and generate reports for CQI.



EVALUATION BRIEF

What's the Difference?

Understanding Process and Outcome Evaluation

October 2007

Conducting an Evaluation

Program evaluation is an essential component of the Children's Bureau Discretionary Grant Programs. Evaluation uses a systematic method for collecting, analyzing, and using information to answer basic questions about a program. The term "systematic" in the definition of evaluation indicates that it requires a structured and consistent method of collecting and analyzing information about your program. You can ensure that your evaluation is conducted in a systematic manner by following a few basic steps.

Step 1: Assemble an evaluation team. Planning and executing an evaluation should be a team effort. Even if you hire an outside evaluator or consultant to help, you and members of your staff must be full partners in the evaluation effort.

Step 2: Prepare for the evaluation. Before you begin, you will need to build a strong foundation. This planning phase includes deciding what to evaluate, building a program model, stating your objectives in measurable terms, and identifying the context for the evaluation. The more attention you give to planning the evaluation, the more effective it will be.

Step 3: Develop an evaluation plan. An evaluation plan is a blueprint or a map for an evaluation. It details the design and the methods that will be used to conduct the evaluation and analyze the findings. You should not implement an evaluation until you have completed an evaluation plan.

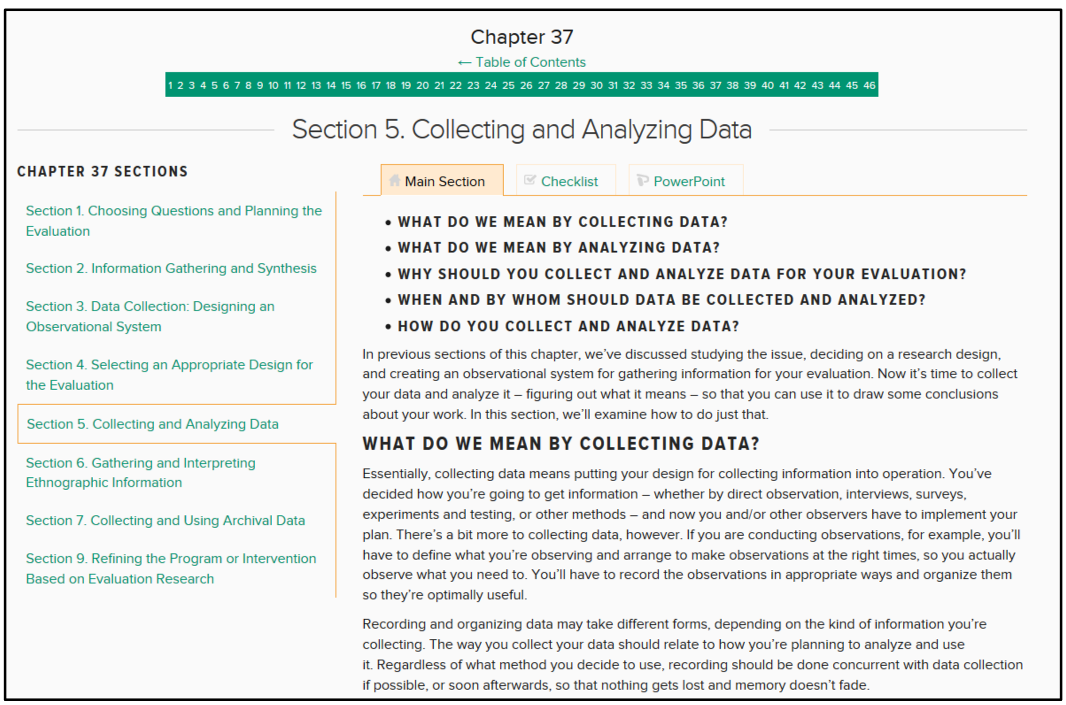
Step 4: Collect evaluation information. Once you complete an evaluation plan, you are ready to begin collecting information. This task will require selecting or developing information collection procedures and instruments.

Step 5: Analyze your evaluation information. After evaluation information is collected, it must be organized in a way that allows you to analyze it. Information analysis should be conducted at various times during the course of the evaluation to allow you and your staff to obtain ongoing feedback about the program. This feedback will either validate what you are doing or identify areas where changes may be needed.

James Bell Associates. (2007, October). *What's the Difference? Understanding Process and Outcome Evaluation*. Arlington, VA: James Bell Associates. Retrieved 25 July 2014, from: http://www.jbassoc.com/ReportsPublications/Understanding Process and Outcome Evaluation.pdf

Detailed perspective on the importance of collecting data and the roles and responsibilities of data collection specialists from the **KU Work Group for Community Health and Development**

This online chapter section offers an overview of collecting and analyzing data for program evaluation. The section has a few strengths that may benefit you as you develop your data collection plan. One strength is its definitions. This section provides definitions of key terms that are commonly used when discussing data collection. Next, the article points out various reasons for collecting data, which may be helpful as you decide which program outcomes to assess. Finally, the piece offers some helpful hints for appointing a data collection specialist and how to analyze the data you collect.



Chapter 37

← Table of Contents

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46

Section 5. Collecting and Analyzing Data

CHAPTER 37 SECTIONS

- Section 1. Choosing Questions and Planning the Evaluation
- Section 2. Information Gathering and Synthesis
- Section 3. Data Collection: Designing an Observational System
- Section 4. Selecting an Appropriate Design for the Evaluation
- Section 5. Collecting and Analyzing Data
- Section 6. Gathering and Interpreting Ethnographic Information
- Section 7. Collecting and Using Archival Data
- Section 9. Refining the Program or Intervention Based on Evaluation Research

Main Section | Checklist | PowerPoint

- **WHAT DO WE MEAN BY COLLECTING DATA?**
- **WHAT DO WE MEAN BY ANALYZING DATA?**
- **WHY SHOULD YOU COLLECT AND ANALYZE DATA FOR YOUR EVALUATION?**
- **WHEN AND BY WHOM SHOULD DATA BE COLLECTED AND ANALYZED?**
- **HOW DO YOU COLLECT AND ANALYZE DATA?**

In previous sections of this chapter, we've discussed studying the issue, deciding on a research design, and creating an observational system for gathering information for your evaluation. Now it's time to collect your data and analyze it – figuring out what it means – so that you can use it to draw some conclusions about your work. In this section, we'll examine how to do just that.

WHAT DO WE MEAN BY COLLECTING DATA?

Essentially, collecting data means putting your design for collecting information into operation. You've decided how you're going to get information – whether by direct observation, interviews, surveys, experiments and testing, or other methods – and now you and/or other observers have to implement your plan. There's a bit more to collecting data, however. If you are conducting observations, for example, you'll have to define what you're observing and arrange to make observations at the right times, so you actually observe what you need to. You'll have to record the observations in appropriate ways and organize them so they're optimally useful.

Recording and organizing data may take different forms, depending on the kind of information you're collecting. The way you collect your data should relate to how you're planning to analyze and use it. Regardless of what method you decide to use, recording should be done concurrent with data collection if possible, or soon afterwards, so that nothing gets lost and memory doesn't fade.

KU Work Group for Community Health and Development. (2014). *Chapter 37: Collecting and Analyzing Data.* Lawrence, KS: University of Kansas. Retrieved 23 July 2014, from: http://ctb.ku.edu/en/table-of-contents/evaluate/evaluate-community-interventions/collect-analyze-data/main

In-depth background and a discussion of common issues in data collection plans from the **U.S. Dept. of Health and Environment**

A 17-page PDF, this article provides readers with an in-depth perspective on issues to consider before and during data collection. Of particular interest to grantees, the article explores data collection purposes and identifying desired outcomes to measure, understanding staffing, time, and budget requirements of data collections, and identifying key elements of Common Measures that assess desired outcomes. Considerations for different data collection methods are included as well as common issues with data collection. Finally, the article spends a few paragraphs describing how collection approach (i.e., CQI).

APPENDIX C: DATA COLLECTION PLANNING AND IMPLEMENTATION ISSUES

Introduction

Appendix C is intended to help organizations become more informed consumers of survey- and records-based data collection. It is meant mainly for providers who have not yet collected information on their DCWs using a questionnaire or records-based data. However, it may also be valuable for providers who have been collecting data (either themselves or working with researchers) to enhance their data collection efforts or understanding of these activities.

As noted previously, this Guide is not a "how to" manual that will enable organizations to conduct a data collection effort from start to finish. Organizations may opt to partner with a reputable researcher (consultant, in-house if organizations have such services, or university-based) and/or data collection vendor to collaborate in data collection, analysis, and use of the data to inform workforce improvement efforts. Working with a third party viewed as independent and impartial can also help convey to employees that it is safe to provide honest answers to survey questions.

Having a better understanding of standardized measurement approaches can help organizations collaborate more productively with researchers[1] they work with in data collection efforts. Appendix C provides an introduction to a variety of issues that organizations and the researcher(s) will need to decide as they plan their work. A number of issues in this chapter are relevant to both questionnaires and records-based data collection. Where there are differences (e.g., particularly in how data are collected), some differences are highlighted.

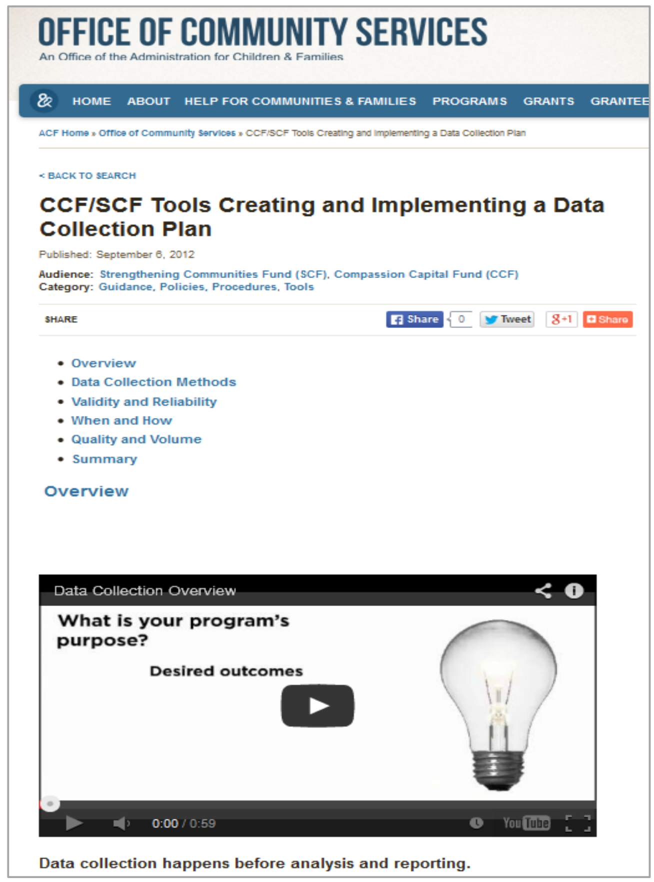
Issues to Consider in Planning the Data Collection Effort

Specify the purpose for the data collection effort

US Department of Health and Human Services. (2005). *Appendix C: Data Collection and Implementation Issues*. Retrieved 23 July 2014, from: http://aspe.hhs.gov/daltcp/reports/dcwguideC.pdf

Succinct, step-by-step information on creating a data collection plan with video accompaniments from the **U.S. Dept. of Health and Environment**

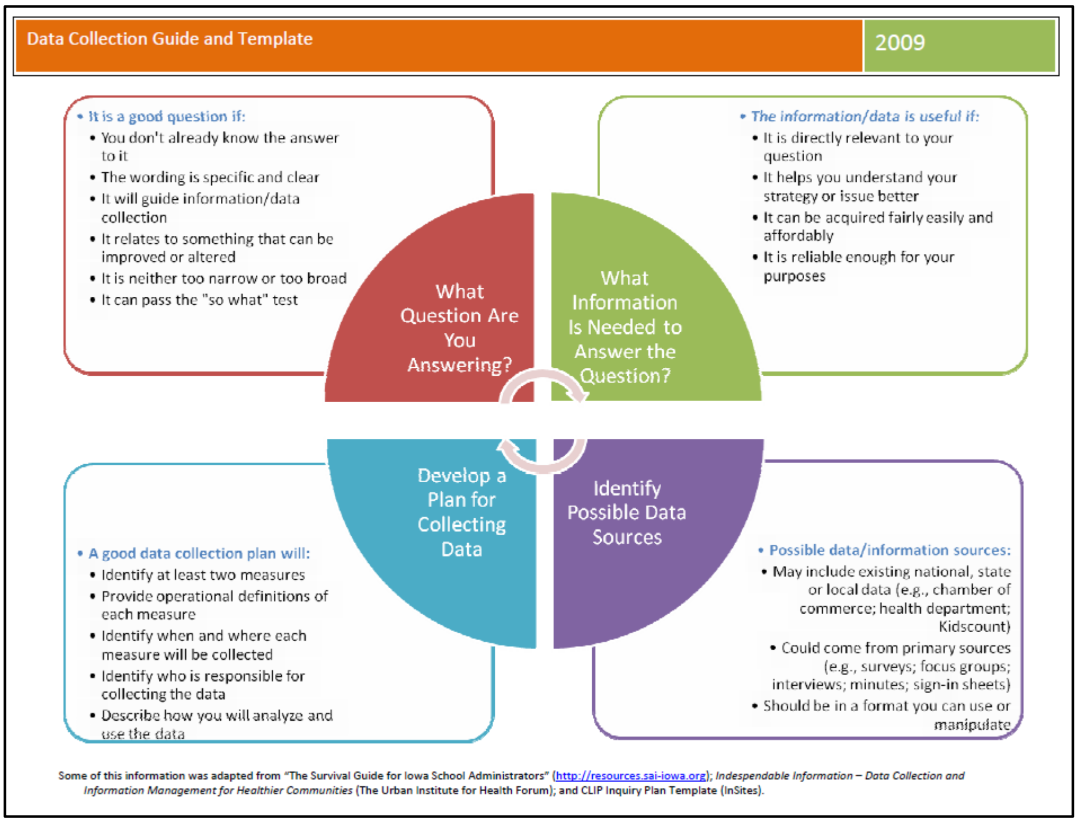
This webpage from the US Department of Health and Human Services provides a succinct description of how to plan and implement data collection procedures. The site includes descriptions of data collection methods, including time and cost investments, which may help you as your organization expands its understanding of how Common Measures assess outcomes in data collection. The site also covers data collection timelines, methods for analyzing your data once it's collected, and tying data collection to quality improvement. Finally, the site includes nine embedded videos that cover the information in each of the sections.



Office of Community Services. (2012). *CCF/SCF Tools Creating and Implementing a Data Collection Plan*. Retrieved 21 July 2014, from: http://www.acf.hhs.gov/programs/ocs/resource/creating-and-implementing-a-data-collection-plan

Graphic organizers to assist with your data collection plan from the **Colorado DOE**

This 3-page PDF is a worksheet that organizations may find useful for planning of their data collection plans. The first page (pictured) includes a cycle chart that identifies four stages of data collection. Understanding these stages may assist you in formulating a data collection plan for your own organization. The second page displays an example of a completed graphic organizer (similar to Appendix B) that answers many of the key questions from the four-stage cycle. Page 3 is a blank graphic organizer that your organization can utilize during the planning of your data collection plan.



Colorado Department of Education. (2009). *Data Collection Guide and Template.* Retrieved 21 July 2014, from:
http://www.cde.state.co.us/sites/default/files/documents/early/downloads/eccouncils/dataactiontemplate_compatible.pdf